

Greensboro Lead Safe Housing Program

Homeowner Eligibility Screening Form

How did you learn about the program? _____

Date Screening Form completed: _____

Name(s) of Homeowner

Contact Number(s): _____

Address of Property:

Reason why lead hazard is suspected and description of potential hazard area(s): _____

Other rehab needs (non-lead hazard): _____

ALL questions below must be answered. Once you have completed an application and it appears you have met all eligibility criteria for the program, your property will be placed on the waiting list to be considered for lead hazard control grant assistance. Application processing is subject to the U.S. Department of Housing and Urban Development's priority requirements.

Was your home property built prior to 1978? ☐ Yes ☐ No

Is your home in the City of Greensboro city limits? ☐ Yes ☐ No

Does your household income fall into the low to moderate income range?*

☐ Yes ☐ No

*Total gross household income must be at or below 80% of the area median adjusted for family size. (See income table.)

Do you have a child under the age of six that lives in your home or that visits frequently*? ☐ Yes ☐ No

*In order for children to be counted as visiting frequently, they must visit at least 2 days a week, at least 6 hours per week, and at least 60 hours a year